

CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

(CFA-1)

State Form 4604 (R14 / 10-17) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

	a.				* .	FILE NUMBER
. IS THIS AN AMENDMENT	7 🗌 Yes	No If Ye	es, please	enter the fil	number in this bo	ox. → 46-20-53
SECTION A . CANDIDA	TE INFO	RMATION: F	ill in all a	oplicable b	oxes as fully and	accurately as possible.
2. Lest Nemo		rst Name		iddle Name	Nickname	3. Type of Committee (Check one)
Tochell		Susan	1	С		Candidate's Principal Committee Exploratory Committee
Mailing Address (number and street, 100 Jack Pine Drive	city, state, and	ZIP code)		5. FAX	Optional)	6. E-mail Address (Optional) susant.pottpark@yahoo.com
Cib	State	ZIP Code	8. County		9. Telephone (Day)	10. Telephone (Evening)
Pottawattomie Park	IN	46360		porte	219-898-1045	219-898-1045
1. Party Affiliation	oublican [Other		12. Office So Clerk	ight (include district numb Treasurer	ber, If any. Not required for an exploratory committee.
			ill in all a	1		
13. Full Name of Committee (Do not					oxes as rully allo	l accurately as possible.
Susan Tochell	•			3		
4. Mailing Address (number and street	city, state, and	(2)P code) Char	ck If this is a n	ew address. 15	. FAX (Optional)	16. E-mail Address (Optionei)
100 Jack Pine Dri	ve			ı)	susant.pottpark@yahoo.com
17. City	State	ZIP Code	18. Count		19. Telephone	20. Committee Organization Date
Pottawattomie Park	IN	46360	LaF	Porte	219-898-1045	(mm/dd/yr) 08/21/2020
Susan Tochell	Designate Ca	andidate as Chairpe	rson. 🗆 Ct	heck if this is a n	ew chairperson.	
2. Mailing Address (number and street,	city, state, and	ZIP code) Chec	k if this is a ne	sw address. 23	FAX (Optional)	24. E-mail Address (Optional)
					,	**
5. City	State	ZIP Code	26. Count	ty	27. Telephone (Day)	28. Telephone (Evening)
			1 111 111 111		<u> </u>	ents safety deposit boxes or maintains funds.)
8. Bank or Other Depositories (List		^ 4 .		4	_	erks selety deposit boxes or maintains lunds.)
D. Exploratory Committee (Give brief		to funds				nts (Will the committee pay the candidate a salary or
7. Exploratory Committee (GME GME	States Heavis	en and boshore or air arch	ou accey constants	reimbu		Yes, attach a copy of the contract.) ☐ Yes ☐ No
ECTION C. APPOINTN	ENT OF	TREASURE	2 /IC 3-9-1	1-14)		
2. I, as Chairperson of	the fore	oing Person App	ointed Treas	urer	Signature	of the Committee Chaliperson
ommittee, appoint the follow	ing perso	n as Susan	Tochell			your C. Tockell
reasurer of the Committee. 3. Treasurer's Full Name Des	laaria aaadi	data as lesas una	Chart III	this is a new trans	rum.	(Var C : / V - / V - V - V - V - V - V - V - V -
Susan Tochell	ignate candi	date as treasurer.	☐ Check ii t	unis is a new trea	isurer.)
. Mailing Address (number and street,	city, state, and	ZIP code) Chec	k if this is a ne	w address. 35	FAX (Optional)	38. E-mail Address (Optional)
. City	State	ZIP Code	38. Count	y	39. Telephone (Day)	40. Telephone (Evening)
		*			()	()
ECTION D. ACCEPTA	VCE OF	APPOINTME	NT (IC 3-9	-1-15)		
1. I give notice that I accep	t the duti	es and respons	ibilities of	Treasurer o	this Signature of P	erson Accepting Appointment
ommittee. I am not the cha	irperson o	if a campaign f	inance com	mittee (exce	pt as	and Compall
ermitted for a candidate comm			<u> </u>		/ X	FOR OFFICE LIPE ONLY
ECTION E. CERTIFICA	TION O	STATEMEN		(4)	- Maria - 1911 - 1911 - 1911	FOR OFFICE USE ONLY
e certify as the candidate a	and the d	uly appointed	hairperson	of the Con	and complete	
. Typed or Printed Name of C	haimerson	Signature	f Chairpers	on _	Date (mm/dd/y)	IN CLERKS OFFICE
Susan Tochell	P 61 3 01	X	San C	Toel	اسا. اما	21
3. Typed or Printed Name of C	andidate	Signature o	f Candidate		Date (mm/dd/yy	IAN 2 2 2021
Susan C. Tochell		Jus	an C	· Toch	ee 1/22/	ZAN ZZ ZUZI
'arning: State law requires that an	y change in	this information be	reported with	in ten (10) day	of the change (IC 3-9-1	-10). A line of
curate report as required by the in	diana Campi	algn Finance Caw o	commits a Cla	iss B misdemen	nor (IC 3-14-1-14), and n	DRV DRI
bject to civil penalties (IC 3-9-4-16, I						CLERK OF LA PORTE CIRCUIT COU

REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

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(CFA-4) **Summary Sheet**

FILE NUMBER TOTAL PAGES IN ENTIRE CFA-4 REPORT

IS THIS AN AMENDMENT? Yes No	L				
COMMITTEE INFORMATION	die.	W. 55 / F	PERENIE		
Full Name of Committee (as on Statement of Organization) Check if this is a new Susan Tochell	neme.				
2. Acronym or Abbreviated Name (If any) 3. Con (21)			hone Number 898-1045		
Mailing Address (Address where all campaign finance correspondence is received.) 100 Jack Pine Drive	Check If t	his is a new a	address.		
5. City, State, ZIP Code Pottawattomie Park IN 46360	ty Affiliation (<i>If applicable</i>) Democrate				
CANDIDATE INFORMATION (For Candidate's C	ommitt	ees Only)	医原生 医		
7. Full Name of Candidate (Include any nickname.) Suson C. Tochell	THE RESERVE THE PARTY OF THE PA	ation or if Independent Candidate			
Office Sought (Include district number, If any. Not required for exploratory committee.) 10. County of the committee of the committee of the county of the			of Residence Porte		
TYPE OF REPORT	表別是		CONVENTIO	ON CANDIDATES ONLY	
11. Check one: Pre-Primary X Pre-Election Annual Nomination Other	Check one:		vention		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Tressurer (Within ten (10) days amend State	genization.)	Post-Cor	nvention		
12. Reporting Period (mm/dd/yy): 8/21/2020 11/7/2020		COL	UMN A Period	CCLUMN B Year to Date	
rion.		BAT THE	0		
Cash on hand and investments at the beginning of this reporting period. Cash on hand and investments January 1, current year.	West of		0		
CONTRIBUTIONS AND RECEIPTS	(C-5)			ELENS TO ANY CLESS AS	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)					
15a. Itemized (Use Schedule A.)		0		0	
15b. Uniterrized		0		0	
15c. Add lines 15e and 15b in both columns.	TOTAL	0		0	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	0		0	
EXPENDITURES				CALLY OF EACH	
(Note: These emounts include in-kind expenditures and loan repayments.)		MAN THE ST		Biological Residence	
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		0		0	
17b. Uniternized		0		0	
17c. Add lines 17s and 17b in both columns.	TOTAL	0		0	
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	0		0	
19. Debts OWED BY the committee (Use Schedule D.)	0				
20. Debts OWED TO the committee (Use Schedule E.)	0				
CERTIFICATION	THE ADD	DEDT AND GO	101 000 141	OR OFFICE USE ONLY	
Signature of Treasurer C. Torbell Treasurer Treasurer	I I	Date (gem/dd/	W) N	CLERKS OFFICE	
Signature of Cendidate (if applicable)	-	Date (mm/dd/		AN 2 2 2021	

CERTIFICATION	FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BE	LIEF IT IS TRUE, CORRECT AND COMPLETE TO CLERKS OFFICE
Signature of Treasurer C. Tochel Treasurer	Date (rem/dd/yy)
Signature of Candidate (if applicable)	Date (mm/dd/m) JAN 2 2 2021
WARMING: Any information contained in this report may not be copied for sale or used for any commercial size a fraudulent report columits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complet Campaign Finance Lew-commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalt	e or accurate report as required by the Indians

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(CFA-4) **Summary Sheet**

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COMMITTEE INFORMATION			With the Party of the	
Full Name of Committee (as on Statement of Organization) Check if this is a new Susan Tochell				
2. Acronym or Abbreviated Name (If any)	3. Com	nmittee Telephone Number 19) 898-1045		
Mailing Address (Address where all campaign finance correspondence is received.) 100 Jack Pine Drive	Check if th	nis is a new address.		
5. City, State, ZIP Code Pottawattomie Park IN 46360	6. Part	ty Affiliation <i>(if applicable)</i> Democrate		
CANDIDATE INFORMATION (For Candidate's C	ommitte	es Only)		
7. Full Name of Candidate (Include any nickneme.) Suson C. Tochell	11	y Affiliation or if Independ Democrate	lent Candidata	
Office Sought (Include district number, if any. Not required for exploratory committee.) Clerk/Treasurer		unty of Residence LaPorte		
TYPE OF REPORT	NAME OF	CONVENT	ON CANDIDATES ONLY	
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Check one: Pre-Convention		
[X] Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Urigoing Tressurer (Within ten (10) days amend Ste	ternest of Org	entration.) Post-Co	onvention	
12. Reporting Period (mm/dd/yy): 8/21/2020		COLUMN A This Period	COLUMN B Year to Date	
13. Cash on hand and investments at the beginning of this reporting period.		0		
14. Cash on hand and investments January 1, current year.			0	
CONTRIBUTIONS AND RECEIPTS	2 / 1		1000年的新疆	
(Note: these amounts include in-land contributions and loans, as well as cash contributions.)		RIGHT THE		
15a. Itemized (Use Schedule A.)	~	0	0	
15b. Unitemized	TOTAL	0	0	
ISC. PAUL REIDS TOE SING TOU IN DOUT GRANNING.	TOTAL	Ö	0	
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES	TOTAL			
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itamized (Use Schedule B.) (Public Question: use Schedule C.)		0	0	
17b. Unitemized		0	0	
17c. Add lines 17e and 17b in both columns.	0	0		
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	0	0		
19. Debts OWED BY the committee (Use Schedule D.)	0			
20. Debts OWED TO the committee (Use Schedule E.)	0			
20. Debig Office To the Contribute Light				
CERTIFICATION	THE ASS	The state of the s	FOR OFFICE USE ONLY:	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS T Signature of resource.		Date/(mm/dd/gy)	IN CLERKS OFFIC	
Signature Octressurer		1- 721	1	

CER	RTIFICATION		FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BE	ST OF MY KNOWLEDGE AND BELIEF	T IS TRUE, CORRECT AND COMPLETE.	IN CLERKS OFFICE
Signature of resourer C. Tochell	Treasurer Treasurer	Date/(mm/dd/yy) / 22/2/ Date (mm/dd/yy)	JAN 2 2 2021
WARNING: Any information contained in this report may not be copied files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14)	for sale or used for any commercial pur person who falls to file a complete or a	accurate report as required by the indians	CLERK OF LA PORTE CIRCUIT COURT